

Doc Code: TRAN.LET

Document Description: Transmittal Letter

PTO/SB/21 (07-09)

Approved for use through 07/31/2012. OMB 0651-0031

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	10/559,404
Filing Date	09/25/2006
First Named Inventor	Besson
Art Unit	3777
Examiner Name	Nguyen
Attorney Docket Number	19.106011

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certified copy of 10/455,878
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Please charge any fee deficiency or credit any overpayment to Deposit Account 502855

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hologic, Inc.		
Signature	/Lindsay G. McGuinness/		
Printed name	Lindsay G. McGuinness		
Date	March 8, 2011	Reg. No.	38,549

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/CarolAnn Mahoney/		
Typed or printed name	CarolAnn Mahoney	Date	March 8, 2011

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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App. No. 10/559404
Atty. Dkt. No. 19.106011

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Applicant	: Guy Besson	
Appln. No.	: 10/559,404	Confirmation No: 5597
Filed	: 9/25/2006	Group Art Unit: 3768
Title	: Integrated X-Ray and Ultrasound Medical Imaging System	Examiner: Nguyen, Hien Ngoc

Submission of Priority Document

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

As required by 35 U.S.C. 119(b) and requested in the Office Action dated December 6, 2010, enclosed herewith is the certified copy of U.S. Application 10/455,878.

Conclusion

If the Office should have any questions or other issues to discuss, please do not hesitate to contact the undersigned attorney.

The Examiner is hereby authorized to charge the Deposit Account No. 50-2855 for any actual deficiency. The Examiner is also authorized to credit any overpayment to Deposit Account No. 50-2855.

3/8/11

Respectfully submitted,

____/Lindsay G. McGuinness/_____
Lindsay McGuinness Reg. 38,549
Attorney for Applicant
USPTO Customer No. 38732
Hologic Inc.
250 Campus Drive
Marlborough, MA 01752
Tel: 508-263-8504
Fax: 508-263-2859